

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE PALOUSE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 59576

Claim ID: 87-10825

Date Received: 6/11/19

Receipt No: N034821

Claim Fee: \$25.00 By: LH

RECEIVED

JUN 11 2019

DEPT. OF WATER RESOURCES

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

Please type or print clearly

1. Name of claimant(s) Nichenke Family LLC Phone (208) 883-9686Mailing address 3125 Highway 955 Moscow ID Zip 83843
Street or Box City State

Email address (optional) _____

2. Date of priority: (Only one per claim) 4-17-1992 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____4. Location of point of diversion is: Township 39N, Range 5, Section 6,
_____ 1/4 of _____ 1/4, or Govt. Lot 2 & 1 BM, County of Latah;Parcel no. RP39N05W060190A

Additional points of diversion, if any: _____

If available, GPS coordinates: _____

5. Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

well pump pipeline

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For domestic purposes from Jan 1 to Dec 31 amount .02
Month/Day Month/Day cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed .02 cfs (X) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

2 domestic single family mobile homes

M.M.

9. Location of place of use is: Township 39N, Range 5, Section 6,
_____ 1/4 of _____ 1/4, Govt. Lot 211 BM, Parcel no. RP 39N05W060190A
for (check one) **Domestic** (X) **Stock** () **Domestic and Stock** ()
If different than shown in Item 4

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? Latah

11. Do you own the property listed above as place of use? Yes (X) No ()
If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

additional single family mobile home NA or None (X)

13. Remarks (include an explanation of the priority date selected):

Per suggestion of Daag Jones IDWR I used
date water sample cleared by Dept of Health Lab

14. Basis of claim (check one) **Beneficial Use** (X) **Posted Notice** () **License** () **Permit** () **Decree** ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Palouse River Basin Water System Adjudication."

(b.) I/We do () do not (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 2

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s) _____ Date: _____
_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

member of Nichenke Family LLC,
Agent's title (Please print) Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Norbert Nichenke Date 6/11/19

Printed Name of Authorized Agent Norbert H. Nichenke

16. Notice of Appearance:

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____

Nichenke Family LLC

R P 39 N 05 W 06 01904

LABORATORIES:

Boise
Coeur d'Alene
Idaho Falls
Lewiston
Pocatello
Twin Falls

PD

DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF LABORATORIES
Water Sample for
BACTERIOLOGICAL QUALITY TEST
(Purity Test)

1005

See Back of Form for Collection Instructions

PLEASE PRINT PLAINLY

SOURCE	Type of Well, Spring, Stream, Etc.	Bottle #
LOCATION OF SOURCE	Address if City - Distance and Direction from Town if Farm	
REPORT RESULT TO		
Name	IF WELL, GIVE DEPTH	
Street Address	Feet	
City, State, Zip Code	SAMPLE COLLECTED	
Time & Date Received	Hour	Date
RESULT OF WATER TEST		
Intestinal Bacteria ☐ were ☒ were not / found in the water sample.		
Membrane Filter <i>1/15/16</i> Coliforms/100 ml.		
Date Reported/Microbiologist		
EXPLANATION: Intestinal bacteria should not be present in your water supply. The presence of these organisms indicates that your water is contaminated. This may be due either to poor quality of water at its source or improper construction and maintenance of the system. Because the quality of water may vary from time to time, it is recommended that repeat samples be submitted. For Department of Health & Welfare recommendations or approval of your water supply, please contact your environmentalist or public health engineer.		
APR 17 1997		
PRESUMPTIVE TEST		
Date	10cc	10cc
CONFIRMATORY TEST		
Date	10cc	10cc
Result		

PREPARED BY	
DATE	

SW $\frac{1}{4}$ SE $\frac{1}{4}$ and all that part of the SE $\frac{1}{4}$ SE $\frac{1}{4}$
of Sec 31, township 40 N. Range 5 W B.M.
lying west of the C N R right of way

